

### **CITY OF MILWAUKEE INSURANCE REQUIREMENTS**

- A. The “City of Milwaukee” must be named as an additional insured.
- B. The insurance certificate must be an **original** and issued by companies licensed to do business in the State of Wisconsin or signed by an agent licensed by the State of Wisconsin.
- C. The original insurance certificate must be accompanied by an **original** “Affidavit of No Interest” setting forth that: No City Official or employee has or will receive anything of value in connection with the furnishing of said insurance certificate.  
  
The affidavit must be notarized and signed by the same Wisconsin Agent or Surplus Lines Intermediary who signed the insurance certificate
- D. The corresponding City bid, contract and/or purchase order numbers must be referenced on the insurance certificate.
- E. A copy of the endorsement of the Earlier Notice of Cancellation or Non-Renewal stipulation must be submitted with the Certificate of Insurance (See Example Below).
- F. The certificate holder shall be noted as:

City of Milwaukee – DOA – Procurement Services  
 Attn: [Michael Drzewiecki \(RFP #12637\)](#)  
 200 E. Wells Street, Room 601  
 Milwaukee, WI 53202

COVERAGE	AMOUNT
Worker's Compensation  (Please note the City requires Worker's Compensation for Sole Proprietorships)	Statutory Limits
Comprehensive General Liability	Bodily Injury: \$500,000 per occurrence \$1,000,000 aggregate  Property Damage: \$500,000 per occurrence \$500,000 aggregate
Automobile Liability	Bodily Injury: \$500,000 per person \$1,000,000 per occurrence  Property Damage: \$500,000 per occurrence
Professional Liability	\$1,000,000 per occurrence

The City of Milwaukee shall be named as an additional insured with respect to liability coverage other than professional liability, and shall be provided with at least 30 days written notice of cancellation, non-renewal or material limitation of coverage of any and all insurance policies required by this contract, for any reason including non-payment of premium. This should be accomplished through the addition of an endorsement to the policy/ies providing Earlier Notice of Cancellation or Non-Renewal. Such endorsement must contain the following stipulation:

**NOTICE OF CANCELLATION OF ENDORSEMENT**

We will mail notice of cancellation (including for nonpayment of premium), non-renewal or material limitation of coverage to the organization shown in the schedule. We will mail the notice at least 30 days before the effective date of the action.

**SCHEDULE**

**Person or Organization  
(Name & Address)**

**Advance Notice  
(Days)**

City Attorney  
City of Milwaukee  
200 East Wells Street  
Milwaukee, WI 53202

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A copy of the endorsement must be submitted with the certificate of insurance. A certificate of insurance evidencing such coverage shall be approved by the City Attorney and placed on file with the City of Milwaukee prior to commencement of work under this contract. **The City Purchasing Director reserves the right to examine and approve the actual policy of insurance before the City executes any Contract for this purchase.**

Department of Administration  
Business Operations Division  
Procurement Services Section

**AFFIDAVIT OF NO INTEREST**  
**for**  
**Service Contract #\_\_\_\_\_**

**Instructions:** This affidavit must accompany each new Certificate of Insurance or Certificates of Insurance that are renewals. The same insurance agent whose name is on the Certificate of Insurance must be the person signing this Affidavit – do not complete this Affidavit using the name of the insurance company.

The original insurance certificate must be accompanied by an **original** “Affidavit of No Interest” setting forth that **to the best of our knowledge**, no City Official or employee has received or will receive anything of value in connection with the furnishing of said insurance certificate.

\_\_\_\_\_, being first duly sworn, on oath deposes and says that  
*(Insurance Agent's Name)*

he/she is the agent of \_\_\_\_\_, insurer  
*(Insurance Company(s) Listed in "Insurers Affording Coverage" on Certificate of Insurance)*

on the attached certificate issued to \_\_\_\_\_  
*(Name of Insured/Contractor listed on Certificate of Insurance)*

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value in connection with the furnishing of said insurance certificate.

\_\_\_\_\_  
*(Insurance Agent's Signature)*

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
*(Notary Public)*

My Commission Expires: \_\_\_\_\_